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TRANSMITTAL FORM (to be used for all correspondence after initial filing)

Application Number	09/641,553	
Filing Date	August 17, 2000	
First Named Inventor	Wang, et al.	
Group Art Unit	2157	
Examiner Name	S. Najjar	
Attorney Docket Number	141388.05	

Label No.:								
ENCLOSURES (check all that apply)								
Fee Transmittal Form (in duplicate) George Attached			gnment Papers an Application)				ce Communication to TC	
Response to OA dated 01-21-2005 / Request for Reconsideration (19 pages) After Final Affidavits/declaration(s) Extension of Time Request (in duplicate) Express Abandonment Request Information Disclosure Statement with Form PTO/SB/08A (pages) Response to Notice to File Missing Parts A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 CERTIFICATE OF MAILING OR TRANSMISSION		Declar N N A (3 Licen Petitic Applie	copy from a prior ap 7 CFR 1.63(d)) (passing-related Papers	ovisional ey (SB80)		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt Return Receipt Postcard Other Enclosure(s) (please identify below):		
(Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being:		Term	inal Disclaimer			☒ A copy of this transmittal form;☐		
☑ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to:		•	est for Refund Number of CD(s)					
Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or transmitted by facsimile on the date shown below to the USPTO at (703) 55-06-2005 Date Signature Rimma N. Oks Printed Name	Remarks The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.							
SIGNATURE OF ATTORNEY OR AGENT								
Signature Varil 5. 1		Reg	j. No.	38,222				
Name of Attorney or Agent		Dav	vid S. Lee					
Date May 6, 2005 Tel.		١. آ	(425) 703-8092		Fa	csimile No.	(425) 708-5046	
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052					
Customer Number:	22971				· .			

Effective on 12/08/04 FEE TRANSMITTAL FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known					
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Express Mail Label No.	N/A				

TOTAL AMOUNT OF PAYM	ENT	(\$) 120.00		Express Mail La		N/A			
METHOD OF PAYMENT	METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Car	☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):								
□ Deposit Account Deposit □ Deposit Account Deposit Account Deposit □ Deposit Account Deposit A	osit Accc	ount Number: 50-0463	3	Deposit Acc	count Name: <u>N</u>	/ICROSC	FT CC	RPORA	TION
		sit account, the Director is	_	•					
 ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee 							e filing fee		
WARNING: Information on the information and authorization	is form r on PTO	nay become public. Cred -2038.	dit ca	rd information sh	ould not be	included or	ı this for	m. Provide	e credit card
FEE CALCULATION									
1. BASIC FILING, SEA		IG FEES SI Small Entity	SEAR	CH FEES Small Entity		ATION FEE Small Enti		_	
Application Type	Fee (\$)	Fee (\$) Fe	ee (\$	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)		Fees Pa	<u>aid (\$)</u>
Utility	300		500	250	200	100	-		!
Design	200	100 1	100	50	130	65	-		
Plant	200	100 3	300	150	160	80	-		
Reissue	300	150 5	500	250	600	300	-		
Provisional	200	100	0	0	0	0	-		
2. EXCESS CLAIM FEES Fee Description	•							Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for fi							ıl patent	50 t 200	25 100
Multiple dependent claims	7 0 1 0 1 .,	, for reduced, i.e.,	u-,	Jidon Same	//	110 55	' p=	360	180
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18 - 31 or HP= 0 HP = highest number of total cla		x 50 = 0	<u>a</u>		Fee (\$)	<u>F</u>	ee Paid	<u>(\$)</u>	
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof. Fee (\$)									
•	Extra St	heets Number of e	<u>∍ach</u>	_ (round up to a			250	<u>Fee</u>	Paid (\$) 0
4. OTHER FEE(S)								Fee	s Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							0		
Other: Extension of Time Request for filing a response within first month \$120.						.0.00			

SUBMITTED BY			
Signature	Varil 1. 1	Registration No. (Attorney/Agent) 38,222	Telephone (425) 703-8092
Name (Print/Type	David S. Lee		Date May 6, 2005